



Covina Police Department
444 North Citrus Avenue
Covina, CA 91723
(626) 384-5595, Ext. 5623
<http://www.covinaca.gov/city-departments/police>

**EVENT PROMOTER PERMIT
PART A: EXHIBIT 2
CORPORATION
INFORMATION**

**EVENT PROMOTER PERMIT APPLICATION: PART A: EXHIBIT 2
CORPORATION INFORMATION**

(Please type or print clearly. If additional space is needed, attach additional pages.)

Corporation				
Corporation Name:		CA Corporate Number:		
Corporate address:				
Corporate Mailing Address (if different):				
Contact Telephone Number:		E-Mail:		
Name of Agent for Service of Process:				
Address of Agent for Service of Process:				
Names & Complete Addresses of the Following Officers:				
CHIEF EXECUTIVE OFFICER	ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
CHIEF FINANCIAL OFFICER	ADDRESS	CITY	STATE	ZIP CODE
Names & Complete Addresses of All Officers, Directors, and Any Person Holding 10% or More Ownership Interest:				
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

<input type="checkbox"/> Additional page(s) attached.

I, the undersigned, have read Covina Municipal Code Chapter 5.28 ("Entertainment") with reference to this application and the presentation of entertainment in the City of Covina. I am duly authorized as or by the business owner to submit this application on the business owner's behalf. I affirm under penalty of perjury that the contents of this application (and all Exhibits and Attachments hereto) are true and accurate.			
Printed Name:		Title:	
Signature:		Date:	

Copy of the Articles of Incorporation and most recent Statement of Information must be attached.

Additional Information: _____
